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** CONTINUING DATA *****

This application is a CIP of 09/470,620 12/22/1999 PAT 6,494,908

OK AS

** FOREIGN APPLICATIONS *****

None AS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/05/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 8	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>AS</i>	Initials		

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08933-7003

TITLE

Removable stent for body lumens

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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